

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-005085

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 10Primary Registration District No. 3002Registrar's No. 68

STATE FILE NUMBER

FILED FEB 28 1963

## 1. PLACE OF DEATH

a. COUNTY Audrainb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN MexicoLength of stay in 1b  
5 daysc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Audrain County HospitalInside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo. b. COUNTY Audrainc. CITY  
OR TOWN MexicoInside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
717 N. JeffersonReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First Middle Last  
Mary Lucretia Smith4. DATE OF DEATH  
Month Day Year  
Feb. 21, 1963

## 5. SEX

Female

## 6. COLOR OR RACE

White7. Married ☐ Never Married ☒  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
11-1-18799. AGE (last birthday)  
83IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Housework10b. KIND OF BUSINESS OR INDUSTRY  
Home11. BIRTHPLACE (City and state or country). 12. CITIZEN OF WHAT COUNTRY  
Franklin County, Va. U.S.A.

## 13a. FATHER'S NAME

James Thomas Smith

## 13b. MOTHER'S MAIDEN NAME

Nancy Elizabeth Smith

## 14. NAME OF HUSBAND OR WIFE

---15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of)  
No None

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Floyd Akers

## Address

Mexico, Mo.18. CAUSE OF DEATH (Enter only one cause per  
PART I. DEATH WAS CAUSED BY:IMMEDIATE CAUSE (a) Congestive heart failureINTERVAL BETWEEN  
ONSET AND DEATH  
24 hoursConditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.DUE TO (b) 1st Hypertensive Cardio Vascular Disease - 41 last  
Ventricular enlargement & Auricular fibrillation  
DUE TO (c) ---Same as above  
5 daysPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)Diabetes MellitusPART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☒ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour --- Month, Day, Year ---20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 7-9-59 to 2-22-63 and last saw her alive on 2-22-63  
Death occurred at 2-22-63 11:00 on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Harry F. O'Brien M.D.

## 22b. ADDRESS

Merica Museum

## 22c. DATE SIGNED

2-23-6323a. BURIAL, CREMATION,  
REMOVAL (Specify)

## 23b. DATE

2-23-1963

## 23c. NAME OF CEMETERY OR CREMATORY

Sunset Hill Cemetery

## 23d. LOCATION (City, town, or county)

Madison,

## (State)

Mo.

## 24. FUNERAL DIRECTOR

## ADDRESS

Thompson-MacklerMadison, Mo.

## 25. DATE RECD. BY LOCAL REG.

Feb 26-1963

## 26. REGISTRAR'S SIGNATURE

Blanche Neely

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
ORTYPEWRITER RIBBON  
Harry F. O'Brien M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

VS:300  
Rev. 4/59004720047

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Joseph R. Mockler*

Licensed Embalmer No. 4571

P. O. Address

Madison, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license):

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.